

QMGMT 293
GRS Far East

19 May 1950

Ident.
SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P. I. :

| UNKNOWN | X-5 | 4th Mar. Div. Com., Iwo Jima, | Unit | 4, | Page | 13 |
|---------|-------|-------------------------------|------|----|------|----|
| " | X-92 | " " " " " " | " | 9 | " | 1 |
| " | X-96 | " " " " " " | " | 4 | " | 14 |
| " | X-23 | 5th " " " " " " | " | 4 | " | 14 |
| " | X-58 | " " " " " " | " | 4 | " | 14 |
| " | X-69 | 6th " " " " " Okinawa" | " | 4 | " | 18 |
| " | X-10 | 7th " " " " " " | " | 4 | " | 18 |
| " | X-12 | " " " " " " | " | 4 | " | 18 |
| " | X-70 | Island Command Com. " | " | 4 | " | 14 |
| " | X-170 | " " " " " " | " | 4 | " | 15 |
| " | X-173 | " " " " " " | " | 4 | " | 16 |
| " | X-255 | " " " " " " | " | 4 | " | 17 |
| " | X-396 | USMC #1, Leyte, P. I. | " | 2 | " | 12 |

2. Subject cases have been reviewed and this Office approves the classification of the above Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

COPY:
mfs

1943 comb. Serv. Form #4 X-96

AIRMAIL

WINGHT 293
GRS Far East

Ident.

18 May 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P. I.:

| UNKNOWN | X-5 | 4th Mar. Div. Cem., Iwo Jima, Unit 4, | Page 13 |
|---------|-------|---------------------------------------|---------|
| " | X-92 | " " " " " " " " " 9, | " 1 |
| " | X-96 | " " " " " " " " " 4, | " 14 |
| " | X-23 | 5th Mar. Div. Cem. " " " " " " " 4, | " 14 |
| " | X-58 | " " " " " " " " " 4, | " 14 |
| " | X-69 | 6th " " " " OKINAWA " 4, | " 18 |
| " | X-10 | 7th " " " " " " " 4, | " 18 |
| " | X-12 | " " " " " " " " 4, | " 18 |
| " | X-70 | Island Comm. Cem., Okinawa, Unit 4, | Page 14 |
| " | X-170 | " " " " " " " " 4 | " 15 |
| " | X-173 | " " " " " " " " 4 | " 16 |
| " | X-255 | " " " " " " " " 4 | " 17 |
| " | X-396 | USMC #1, Leyte, P. I. | 2 " 12 |

2. Subject cases have been reviewed and this Office approves the classification of the above Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

J. Miller:lak
Salser

THOMAS E. COX
Capt CMC
Memorial Division

cc: Administrative Section

CC: CINCPC

X 293 Unknown Iwo Jima (4th Mar Div Cem) JUN X 96

AIRMAIL

293 unk Iwo Jima X-92 4th Marine Div

QMCBR 293
Pacific Zone

4 May 1950

SUBJECT: Reports of Interment

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

Request Report of Interment, Form 1042, be forwarded this office
for the following Unknowns interred in Iwo Jima 4th Marine Division

Cemetery:

| | | | |
|--------------|--------|--------|------------|
| Unknown X-92 | Plot 1 | Row 37 | Grave 1829 |
| Unknown X-96 | Plot 1 | Row 39 | Grave 1926 |

FOR THE ACTING THE QUARTERMASTER GENERAL:

P. B. DANIELS
Major, QMC
Memorial Division

emm FOR RECORD ONLY:

Requested by Mrs. Carrick for Mr. Roth, Navy Liaison
When burial reports are received, ~~XXXX~~numerical
suffixes will be added to DD roster.

X-96 Iwo Jima 4th Marine Division Cemetery

DC

CMO

PBD

AIR MAIL

nfm

Interred 3 April 1950
L 16 57 Ft McKinley

1

Carl H. Mark

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

CARL R. H. MARK

Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5531 81326

DATE

29 03 50
DAY MONTH YEAR

| | | | | | |
|--------------|---------------|-------|-----|------|----------|
| NAME | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
| UNKNOWN X-96 | | | | | |

| | | | | |
|--|------|-----|-------|----------------------------|
| CEMETERY | PLOT | ROW | GRAVE | DISPOSITION OF REMAINS |
| 4TH MARINE DIVISION CEMETERY, IWO JIMA | 1 | 39 | 1926 | 7701 80 CODE DIST. CTR. |

SECTION B - CONSIGNEE AND NEXT OF KIN

| | |
|--|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE | NAME AND ADDRESS OF NEXT OF KIN |
| UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I. | (BY ADMINISTRATIVE DECISION) |

SECTION C - DISINTERMENT AND IDENTIFICATION

| | | | | |
|---|---------------|----------|---|------------------|
| NAME | SERIAL NUMBER | GRADE | DATE OF DEATH | DATE DISINTERRED |
| UNKNOWN X-96 | | | | 30 March 50 |
| IDENTIFICATION TAG ON | ORGANIZATION | RELIGION | IDENTIFICATION VERIFIED BY | |
| <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER | | | PAUL R NICHOLS Embalmer NAME AND TITLE | |

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

| | |
|-------------------------------|----------------------|
| NATURE OF BURIAL | CONDITION OF REMAINS |
| Shelter Half | Skeletal |
| OTHER MEANS OF IDENTIFICATION | |
| | |

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 30 March 50 BY PAUL R NICHOLS

| | |
|------------------|---|
| CASKET SEALED BY | EMBALMER (Signature) |
| PAUL R NICHOLS | <i>Paul R Nichols</i> PAUL R NICHOLS |

| | |
|---|------------------------------|
| CASKET BOXED AND MARKED | SHIPPING ADDRESS VERIFIED BY |
| DATE 30 Mar 50 BY RAYMOND H TANGUAY, Sgt., RA | L. W. RICHARDSON, M/Sgt., RA |

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

L. W. Richardson
L. W. RICHARDSON, M/Sgt., RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
RECC
DATE 27 Apr 50
John R. ...

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|------------------------------------|------|---|---------------------------|
| FROM AGRS MAUSOLEUM | | TO US MILITARY CEMETERY | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER <i>Carl R. ...</i> | DATE APR 3 1950 |

2. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

3. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

4. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

5. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

6. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

7. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

5531 81326

29 09 50
DAY MONTH YEAR

NAME: *M/3* UNKNOWN I-96

SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY: 4TH MARINE DIVISION, IWO JIMA

PLOT ROW GRAVE DISPOSITION OF REMAINS
1 39 1926 7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. CN. LICKING, P. S.

NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report GMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET
DATE CASKET SEALED BY EMBALMER (Signature)
CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

Full AFN 6 June 50

June 5-160

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|----------------------|------------------|-----------------------|------|
| FROM | TO | | |
| KIND OF CONVEYANCE | NAME OF CONVOYER | | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

2. SHIPPED

| | | | |
|----------------------|------------------|-----------------------|------|
| FROM | TO | | |
| KIND OF CONVEYANCE | NAME OF CONVOYER | | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

3. SHIPPED

| | | | |
|----------------------|------------------|-----------------------|------|
| FROM | TO | | |
| KIND OF CONVEYANCE | NAME OF CONVOYER | | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

4. SHIPPED

| | | | |
|----------------------|------------------|-----------------------|------|
| FROM | TO | | |
| KIND OF CONVEYANCE | NAME OF CONVOYER | | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

5. SHIPPED

| | | | |
|----------------------|------------------|-----------------------|------|
| FROM | TO | | |
| KIND OF CONVEYANCE | NAME OF CONVOYER | | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

6. SHIPPED

| | | | |
|----------------------|------------------|-----------------------|------|
| FROM | TO | | |
| KIND OF CONVEYANCE | NAME OF CONVOYER | | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

7. SHIPPED

| | | | |
|----------------------|------------------|-----------------------|------|
| FROM | TO | | |
| KIND OF CONVEYANCE | NAME OF CONVOYER | | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

of

HEADQUARTERS
PHILSON ZONE
AMERICAN GRAVES REGISTRATION SERVICE

22 January 1950
Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 96, Plot 1,
Row 39, Grave 1926, USMC 4th Mar Div Cem Iwo Jima, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


W. B. MCNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1024

Received 1 Feb 50 0020
Not identifiable from
information presently
available

J. Miller Ident Sec
17 May 1950

me/191

IDENTIFICATION DATA

| | | | | | |
|--|---------------------|---------------------|--|--------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-96 | | | 2. DATE OF REPORT 23 Jan '50 | | |
| 3. NAME OF CEMETERY 4th Mar Div Cem Iwo Jima | 4. PLOT 1 | 5. ROW 39 | 6. GRAVE 1926 | 7. DATE OF | |
| | | | | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|-----------------------------------|--------------------------------------|-----------------------------------|------------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5' 10" | 10. COLOR OF HAIR Brown | 11. RACE UTD |
|-----------------------------------|--------------------------------------|-----------------------------------|------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

N O N E

| | |
|---|-----------------|
| 14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TO WHAT EXTENT? |
|---|-----------------|

| | |
|--|-----------------|
| 15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TO WHAT EXTENT? |
|--|-----------------|

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. *(If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)*

N O N E

RECEIVED AT THE HEADQUARTERS OF THE 5TH MARINE DIVISION IWO JIMA JAN 24 1950

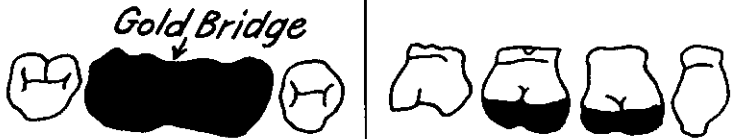
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



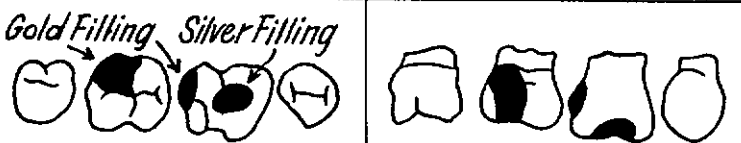
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



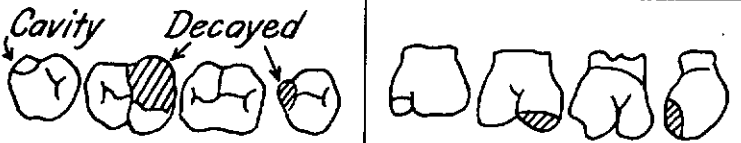
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



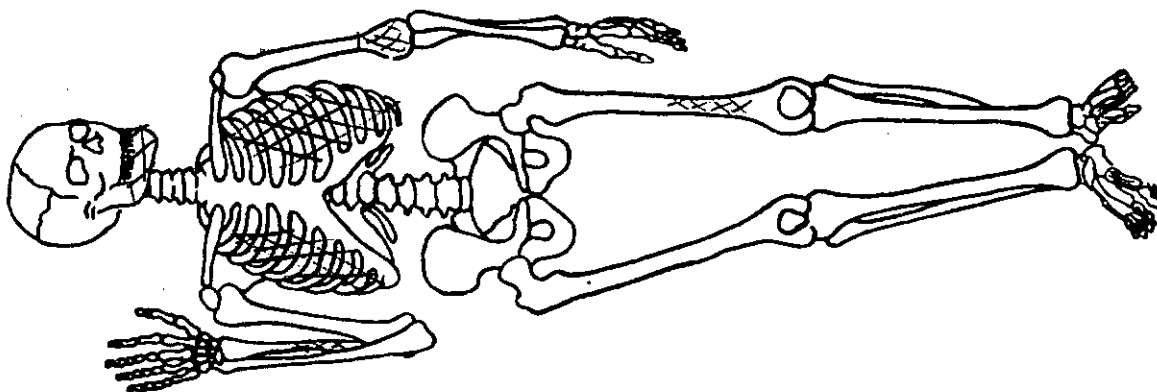
| RIGHT | | | | | | | | LEFT | | | | | | | |
|------------|----|----|----|----|----|----|---|------------|----|----|----|----|----|----|----|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | A | | | | | P | | | | | | | o | |
| Side Views | | | | | | | | Side Views | | | | | | | |
| UPPER | | | | | | | | UPPER | | | | | | | |
| Top Views | | | | | | | | Top Views | | | | | | | |
| LOWER | | | | | | | | LOWER | | | | | | | |
| Side Views | | | | | | | | Side Views | | | | | | | |
| | | | | | | | P | | | | | | | o | |
| 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I.D. tags, burial bottle, personal effects, or other means of identification found with remains.

UNCLASSIFIED
DATE 11/15/01 BY 60322 UCBAW/STP

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE
Paul R. Nichols

DISINTERMENT DIRECTIVE

H 103
- 17
F 85
H
R 1/2
F 85

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5531 00000

DATE
15 11 47
DAY MONTH YEAR

| | | | | | | | | |
|-----------------------------|-----|---------------|-------------|------|----------------|------------------------|-----------|------|
| NAME - | | SERIAL NUMBER | | RANK | ARM | DATE OF DEATH * | | |
| UNKNOWN | | X 46 | | | S | DAY | MONTH | YEAR |
| CEMETERY | | | | | | DISPOSITION OF REMAINS | | |
| IWO JIMA 4TH MARINE DIV CEM | | | | | | 0 | 0391 | 63 |
| | | | | | | CODE | DIST. PT. | |
| PLOT | ROW | GRAVE | COUNTRY | | CAUSE OF DEATH | | | |
| 1 | 39 | 1926 | KAZAN RETTO | | 6 | | | |

SECTION B - CONSIGNEE AND NEXT OF KIN

| | |
|---|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE | NAME AND ADDRESS OF NEXT OF KIN |
| GUAM NATIONAL CEMETERY MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER) | |

SECTION C - DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|-------------------------|---------------------|--|-------------------|
| NAME | SERIAL NUMBER | RANK | DATE OF DEATH | DATE DISTINTERRED |
| UNKNOWN | X-000096 | Unk | Unknown | 20 Nov 47 |
| IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | ORGANIZATION UNKNOWN | RELIGION Unknown | IDENTIFICATION VERIFIED BY U. E. CONERLY, Capt., T.C. NAME AND TITLE | |

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

| | |
|--|---|
| NATURE OF BURIAL | CONDITION OF REMAINS |
| Nature of shroud undetermined | Skeletal remains, incomplete |
| OTHER MEANS OF IDENTIFICATION | |
| Mortuary plate | |
| MINOR DISCREPANCIES | |
| None | |
| REMAINS PREPARED AND PLACED IN CASKET | |
| DATE 13 August 48 CASKET SEALED BY J. L. SIBLEY, Emb | EMBALMER (Signature) R. V. WERST |
| CASKET BOXED AND MARKED | SHIPPING ADDRESS VERIFIED BY G. D. JACABA, Clerk |

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

HERSCHELL G. GUY, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|--|----------------------|--|----------------------|
| FROM U. S. MAUSOLEUM (SAIPAN, M.I.) | | TO PORT STORAGE OFFICER (SAIPAN, M.I.) | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, Maj., CMP | DATE 13 Aug 48 | SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt INF | DATE 13 Aug 48 |

2. SHIPPED

| | | | |
|---|---------------------|--|---------------------|
| FROM . PORT AGRS (SAIPAN, M.I.) | | TO Transport Commander . USAT DALTON VICTORY | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt INF | DATE 6 Oct 48 | SIGNATURE OF RECEIVER <i>dalton victory</i> 1st Lt. T.S. | DATE 6 Oct 48 |

3. SHIPPED

| | | | |
|--|---------------------|---|----------------------|
| FROM DALTON VICTORY | | TO AGRS MAUSOLEUM | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER <i>E. H. Newman, Jr.</i> E. H. NEWMAN, Jr., Capt., FA | DATE OCT 10 1948 | SIGNATURE OF RECEIVER <i>E. H. Newman, Jr.</i> | DATE 10 Oct 48 |

4. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

5. SHIPPED

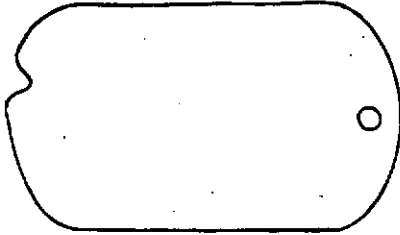

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

6. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

7. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

| | | | | | | | |
|--|---|---|---|---|---|-----------|-----------|
| OMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form I, and Rev. of 1 Apr. 46, which may be used.) | | REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) | | | DATE OF REPORT 20 Nov 1947 | | |
| Imprint Identification Tag If Possible. DO NOT TYPE  | | Section 1.—IDENTIFICATION. | | | | | |
| | | NAME (Last, first, middle initial) Unknown X-96 | | | SERIAL No. Unk | | |
| | | GRADE Unk | ORGANIZATION 4th Marine Div. ? | | BRANCH OF SERVICE Unk | | |
| | | RACE Unk | RELIGION Unk | | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | | |
| PLACE OF DEATH Iwo Jima | | CAUSE OF DEATH Unknown | | | DATE OF DEATH Unk | | |
| EMERGENCY ADDRESSEE (Name, relationship, and address) Unk | | | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None | | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Embossed Plate: } Returned with Unknown X-96 P-1 R-29 G-1926 } remains | | | | | |
| WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Substitute Embossed plate | | COMPLETED TOOTH CHART ON OMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None | | | | | | | |
| A TRUE COPY:  H. B. McNEMAR Capt., OMC | | | | | | | |
| Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse. | | | | | | | |
| NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY | | | | | | | |
| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
| | | | | | 1 | J | 42 |
| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE | | | | | | |
| See reverse | Previous Cemetery | | | | PLOT No. | ROW No. | GRAVE No. |
| | | | | | -1 | 29 | 1926 |
| TYPE OF RELIGIOUS CEREMONY | PERSON CONDUCTING BURIAL RITES | | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY | | | | |
| IDENTIFICATION TAG BURIED WITH BODY (Yes or no) | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) | | | | | | |
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) | | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. | |
| Langston, William W | | | Pfc | 877313 | USMC | 1927 | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. | |
| Critchlow, William G | | | Pfc | 8867729 | USMC | 1925 | |
| SIGNATURE OF PERSON PREPARING REPORT | | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT | | | |
| /s/t/ CHARLES J. MCNEAL, 1st Lt., Ord | | | | /s/t/ ULDRIC E. CONERLY, Captain, T.C. | | | |
| DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander. | | | | | | | |

Inch # 2

| Section 3. UNIDENTIFIED REMAINS. | | | | | | | | | | | |
|--|--|--------------------------------|---------------|--------------------------------|---------------|-------------------------------|--------|--------|---|-------|---|
| LEFT LITTLE FINGER | <p>INSTRUCTIONS:</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p> | | | | | | | | | | |
| LEFT RING FINGER | <table border="1"> <tr> <th>HEIGHT</th> <th>WEIGHT</th> <th>COLOR OF EYES</th> <th>COLOR OF HAIR</th> <th>BIRTHMARKS, SCARS, OR TATTOOS</th> </tr> <tr> <td>5' 10"</td> <td>U.T.D.</td> <td>?</td> <td>Brown</td> <td>?</td> </tr> </table> | HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS | 5' 10" | U.T.D. | ? | Brown | ? |
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS | | | | | | | |
| 5' 10" | U.T.D. | ? | Brown | ? | | | | | | | |
| LEFT MIDDLE FINGER | <table border="1"> <tr> <th>WEAPON AND SERIAL No.</th> <th>LAUNDRY MARKS</th> <th>WHERE BODY WAS BURIED OR FOUND</th> </tr> <tr> <td>None</td> <td>None</td> <td></td> </tr> </table> | WEAPON AND SERIAL No. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND | None | None | | | | | |
| WEAPON AND SERIAL No. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND | | | | | | | | | |
| None | None | | | | | | | | | | |
| LEFT INDEX FINGER | <p align="center">OTHER IDENTIFICATION CLUES</p> <p align="center">SEE IDENTIFICATION CHECK LIST</p> | | | | | | | | | | |
| LEFT THUMB | | | | | | | | | | | |
| RIGHT THUMB | | | | | | | | | | | |
| RIGHT INDEX FINGER | | | | | | | | | | | |
| RIGHT MIDDLE FINGER | | | | | | | | | | | |
| RIGHT RING FINGER | | | | | | | | | | | |
| RIGHT LITTLE FINGER | | | | | | | | | | | |
| <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <p align="center">A-1 J-42</p> <div style="text-align: right;"> </div> | | | | | | | | | | | |
| <p>REMARKS:</p> <p align="center">Above Ground Storage</p> | | | | | | | | | | | |

NAME *OK* A. NAME AND BURIAL LOCATION OF DECEASED
 RANK SERIAL NUMBER DATE OF DEATH ARM OR DISPOSTION
Unknown #96 SERVICE TION

CAUSE OF DEATH U.S. DISTRIBUTION POINT
4th marine
 ROW GRAVE COUNTRY
1 39 1926 Iwo Jima

B. NEXT OF KIN AND CONSIGNEE
 NAME AND ADDRESS OF NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE 2/

C. DISINTERMENT AND IDENTIFICATION
 NAME RANK SERIAL NUMBER DATE OF DEATH DATE DISINTERRED
 IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 () REMAINS () MARKET
9/27/47

D. PREPARATION OF REMAINS FOR SHIPMENT
 NATURE OF BURIAL CONDITION OF REMAINS
 OTHER MEANS OF IDENTIFICATION
*Left femur + left humerus +
 ulna broken. Mandible
 broken.*

MINOR DISCREPANCIES /A/

REMAINS PREPARED AND PLACED IN CASKET

CASKET SEALED BY

BY

EMBALMER (Signature)

STATION *514*

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY (Signature)

DATE

BY

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

#605

SIGNATURE OF GRS INSPECTOR

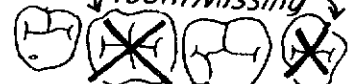

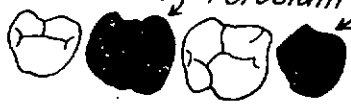







W.D.

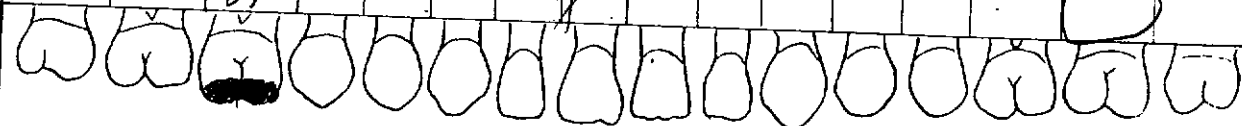
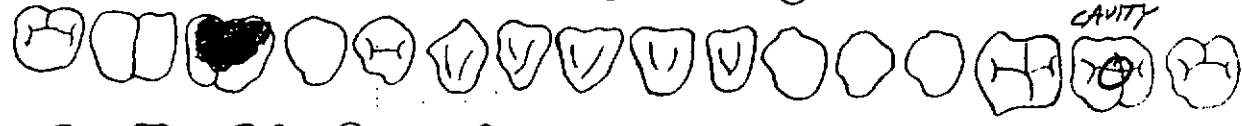
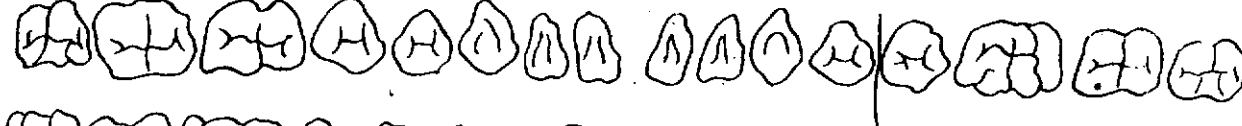
- 1/ Prepare discrepancy Report Form No. 1194 for major discrepancies.
- 2/ Consignee may be same as next of kin; is to repeat name and address.

P.J.

UNKNOWN X-9F

18. TOOTH CHART

| | | |
|---|---|---|
| <p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> | <p>TOP VIEW</p> <p>← Tooth Missing →</p>  |  |
| <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> | <p>Gold Crown, Porcelain Crown</p>  |  |
| <p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> | <p>Gold Bridge</p>  |  |
| <p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p> | <p>Gold Filling, Silver Filling</p>  |  |
| <p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p> | <p>Cavity, Decayed</p>  |  |

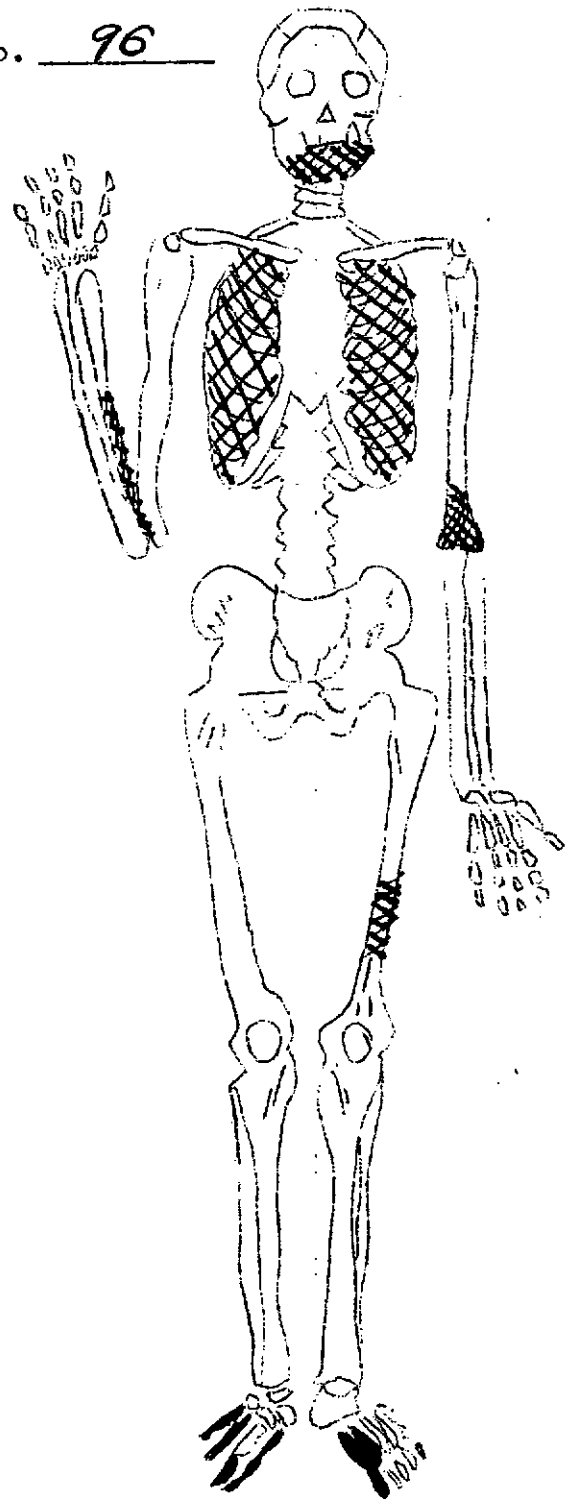
| RIGHT | | | | | | | | LEFT | | | | | | | | |
|-----------|--|--------------------|----|----|----|----|--------------|------|---|----|----|----|----|----|----|-----------|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | | 6 OF | | | | | 1 | | | | | | | | | |
| Side View |  | | | | | | | | | | | | | | | Side View |
| Top View |  | | | | | | | | | | | | | | | Top View |
| Side View |  | | | | | | | | | | | | | | | Side View |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Charles W. Jones

201 - J - 42

Unknown "X" No. 96



SKELETAL CHART

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

RESTRICTED

2-441
X-96
~~UNKNOWN-1926~~

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Iwo Jima

Unknown

Unknown

(Place of death)

(Date of death)

(Cause of death)

1545 22 March 1945 BLT

(Time and date of burial)

14th Marine Div Cem

(Name of cemetery)

Iwo Jima

(Name or coordinates of location)

1926

(Grave number)

39

(Row number)

1

(Plot number)

Headboard

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Report of Interment buried in bottle with body

2

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT UNKNOWN

(Name)

(Serial number)

(Rank)

(Organization)

1925

(Grave number)

Body buried on LEFT LANGSTON, W. W.

(Name)

877313

(Serial number)

(Rank)

USMCR

(Organization)

1927

(Grave number)

UNKNOWN

(Name and address of EMERGENCY ADDRESSEE)

UNKNOWN

(Name and address of LEGAL NEXT OF KIN)

64A

List only personal effects FOUND ON BODY and disposition of same: NONE

Search # 105⁴

RESTRICTED

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

| | |
|----------------|-------------------------------------|
| Height: | Apparent nationality: |
| Weight: | Laundry marks: |
| Color of eyes: | Number of rifle: |
| Color of hair: | Wear glasses? |
| Race: | Is tooth chart attached? Yes |

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Body badly decomposed

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

No markings or letters of any kind

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

A. C. D. Brasseur
 (Signature of officer or other person reporting burial)

Edward Green
 (Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

PRINTS IMPOSSIBLE

RIGHT HAND

4

3

2

1

THUMB

IMPOSSIBLE

PRINTS